

Virginia Children's Services Reform Overview

Presented To:

**Joint Subcommittee on Comprehensive Services for
At-Risk Youth and Families**

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Presenters:

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Office of the Secretary of Health & Human Resources

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Casey Strategic Consulting, Annie E Casey Foundation

Discussion Topics

Background

- ❖ First Lady's Initiative – For Keeps
- ❖ Current state of Virginia's Children

Our Partner – Casey Strategic Consulting Group

- ❖ Organization Overview
- ❖ Highlighting Our Previous Work
- ❖ Findings & Recommendations for Virginia
- ❖ A Healthy System to Serve Virginia's Children

Reform Strategy

- ❖ Process & Structure

The spotlight for change in Virginia was initiated by First Lady Anne Holton and her For Keeps Initiative

- ❖ For Keeps is an effort by the First Lady to,
 - Strengthen the voices of youth in foster care and of foster parents
 - Find permanent families and family connections for children and foster care or at risk of coming into care
 - Champion efforts to improve family and community supports for all children
- ❖ Her effort to address the well being of children in care, spawned partnerships with many local and national foundations and organizations to include Child Trends and The Casey Strategic Consulting Group
- ❖ These partnerships have led to a broader look and assessment of at-risk children in Virginia, supported and led by Health and Human Resources
- ❖ Based on the findings of the assessment, a number of recommendations have been made to strengthen Children's Services in Virginia

First Lady Holton initially partnered with Child Trends, an independent, nonpartisan research center located in Washington, DC focused exclusively on children to assess the DSS & CSA state-wide data systems

BACKGROUND

- They provide research and analysis to the people and institutions whose decisions and actions affect children
- They are assessing data captured in both the DSS and CSA data systems
- They are conducting both point in time and cohort analysis that will be completed in phases

ASSESSMENT

PHASE 1: Overall State Assessment

Permanency

- Length of time it takes a child to reach permanency
- Rate of children aging out of system

Placements

- Initial placements of children by age group
- Overall cost of placements
- Rate of children entering/exiting

PHASE 2: Local Assessment

(Currently being completed)

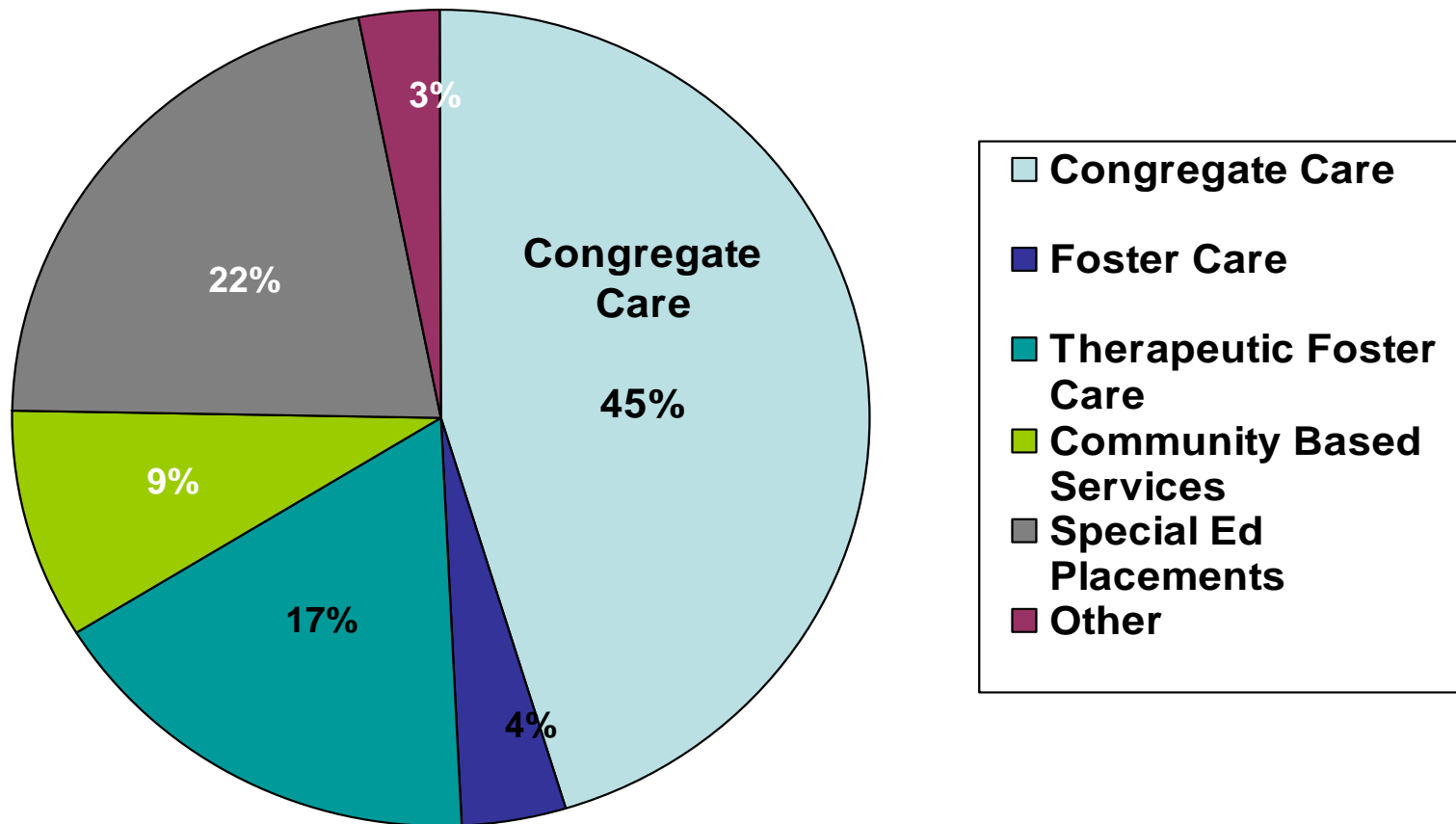
- Data by each locality
- Include more demographic data (i.e. race, gender and age)

Child Trends Data Summary

- ✓ 23% of Virginia's children age out of foster care without permanent connections, which is the highest percentage of children in the country
- ✓ 43.7% of teens (12 & older) achieve permanence, this is 28.5% below the national average of 72.2%
- ✓ After 7 years in the foster care system, 24% of younger children had not achieved permanence; therefore, "aging in" to the teen population, which has a very poor chance of achieving permanency
- ✓ In 2006, 24% of children that came into care would experience their first placement in a group setting (congregate care), rather than a family-based environment. For teens that figure is 52%. The national average is 18%; however best practice is closer to 10%.
- ✓ Fewer than 5% of children in foster care are being placed with relatives
- ✓ CSA budget is dominated by congregate care costs (45% of \$295 million budget = \$133 million (excluding Medicaid)

CSA budget is dominated by congregate care costs

Total CSA Costs (2006) = \$295 million*



Source: CSA Data 2006

* Does not include Medicaid dollars, which comprise \$66.5 million in additional funds in congregate settings (OCS Report, July 2005-June 2006)

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Casey Strategic Consulting Group's mission is driven by a core set of beliefs and they seek partnerships with leaders who share them

CASEY STRATEGIC CONSULTING MISSION

Casey Strategic Consulting provides intensive strategic consulting that facilitates measurable and enduring human service system transformations

GUIDING PRINCIPLES

CSCG believes fundamentally that children do better in strong families, and that families do better in supportive communities:

- ▶ Every child needs and deserves a lifelong connection to a family
- ▶ Strong families provide the most stable and nurturing environment for healthy child development
- ▶ Strengthening communities provides local support for families to build the capacities to provide for their children
- ▶ Services for vulnerable children and families should be provided close to their homes in a family-supportive, culturally-sensitive manner
- ▶ Services should focus on prevention, build on family strengths, and provide an integrated continuum of care

IMPLICATION

Since CSCG's work is built upon these beliefs, it is imperative that their client partners embrace these principles as well

CSCG's goal, approach, and process support their efforts to transform human service systems

CASEY STRATEGIC CONSULTING

GOAL

Lasting Reform: Drive change that is significant, measurable, and enduring

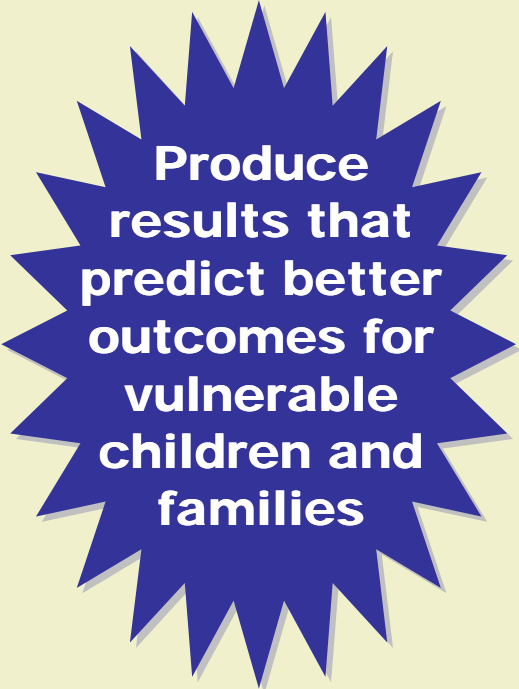
APPROACH

Whole System Transformation: Work with leaders to promote comprehensive child and family service system reform

PROCESS

CSCG Practice Model: Partner with clients throughout the change process, from initial assessment through implementation:

- ▶ Intensive time commitment
- ▶ Analytic problem solving approach
- ▶ Application of best practices
- ▶ CSCG and Casey knowledge development and transfer



Produce results that predict better outcomes for vulnerable children and families

CSCG has partnered with leaders in more than a dozen states in child welfare or juvenile justice reform

Current Engagements

- ▶ Virginia Children Services
- ▶ DC Child Welfare
- ▶ New York City Child Welfare
- ▶ Alabama Juvenile Justice/IT
- ▶ Maryland Child Welfare

Recent Past Engagements

- ▶ Maine Child Welfare
- ▶ Michigan Child Welfare
- ▶ Louisiana Juvenile Justice
- ▶ Louisiana Child Welfare
- ▶ New Jersey Child Welfare
- ▶ Indiana Child Welfare

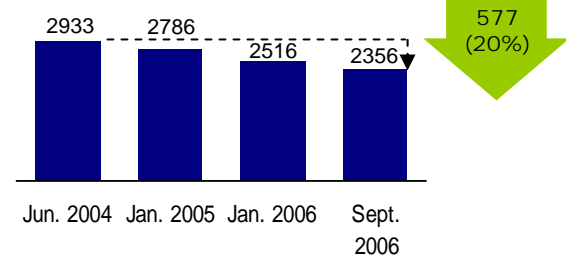
Example of Casey Strategic Consulting Work in Maine

Shifting focus to family-based care and permanence can have significant impact on the number of children entering care, and on the number of children entering congregate care

IMPACT

- ▶ 20% fewer children in foster care (lowest level since 1996)

YOUTH IN OUT-OF-HOME CARE

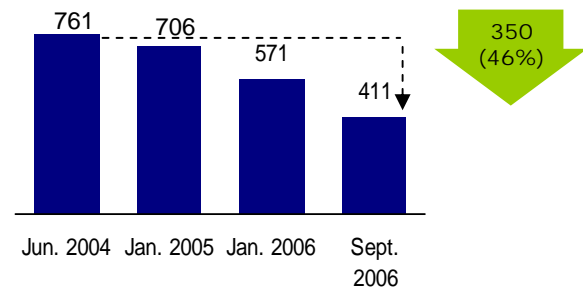


Attributed to reductions in:

- Intake
- Congregate Care

- ▶ 46% fewer children in congregate care

YOUTH IN CONGREGATE CARE

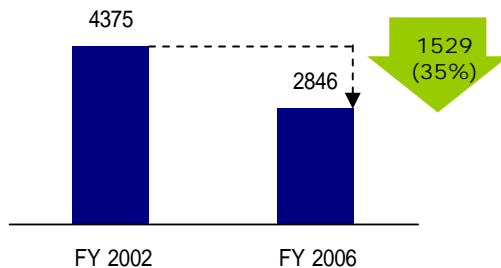


Example of Casey Strategic Consulting Work in NYC

IMPACT

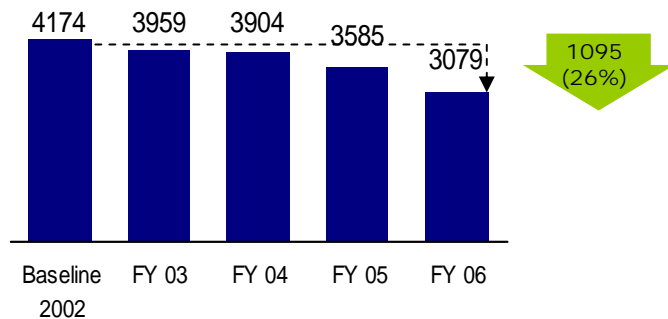
- ▶ 1529 fewer children in congregate care (down 35%)

YOUTH IN CONGREGATE CARE



- ▶ 26% reduction in contracted congregate care beds

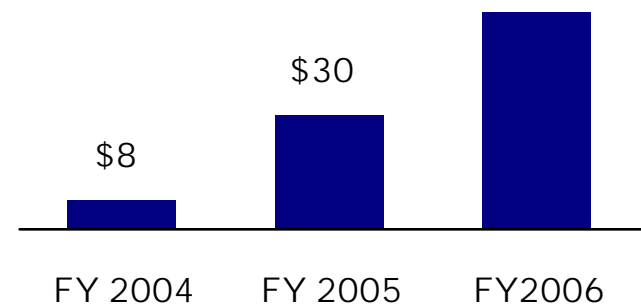
ELIMINATED CONGREGATE CARE BEDS



SAVINGS

Available to reinvest in community-based service development

- ▶ Estimated savings of \$95 M so far: \$57



ESTIMATED SAVINGS
(\$ million)

The CSCG team collected and analyzed data to identify systems challenges and opportunities to address them

WORK	SOURCE
QUANTITATIVE DATA ANALYZED	<ul style="list-style-type: none"> ▶ DSS—OASIS 1998-2007 ▶ CSA Data Set---2005/2006 ▶ CSA Fiscal--1994-2007
QUALITATIVE DATA INCLUDING INDIVIDUAL INTERVIEWS, SMALL GROUP INTERVIEWS, AND FOCUS GROUPS	<ul style="list-style-type: none"> ▶ State HHR—2 leaders ▶ State DSS—4 leaders/managers ▶ State DFS— 38 managers/ staff from 5 units (27 individual interviews, 13 in small groups) ▶ State OCS—9 managers/staff (all individual interviews) ▶ Richmond DSS—53 managers/staff (17 in individual interviews, 36 in focus groups) ▶ Richmond CSA—8 managers/staff ▶ Other Localities DSS/CSA—19 managers/staff ▶ Courts, Mental Health, Medicaid, JLARC, VLSSE, Providers, Parents—17 individuals
STAFF SURVEYED	<ul style="list-style-type: none"> ▶ Richmond DSS—41 Social Workers
MEETINGS ATTENDED/ OBSERVED	<ul style="list-style-type: none"> ▶ For Keeps Steering Committee Meetings ▶ CSA SLAT, SEC and Innovative Grantees Meetings ▶ Richmond/Hampton CPMT/FAPT/Critical Case Review Team Meeting ▶ Richmond Approach Team ▶ VDSS Rate Setting

Four major issue areas were identified to further explore during the first phase of our work

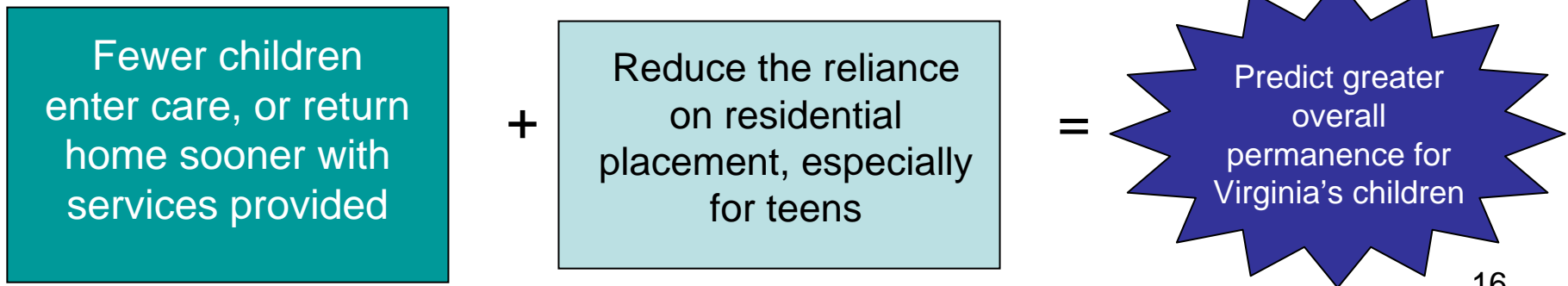
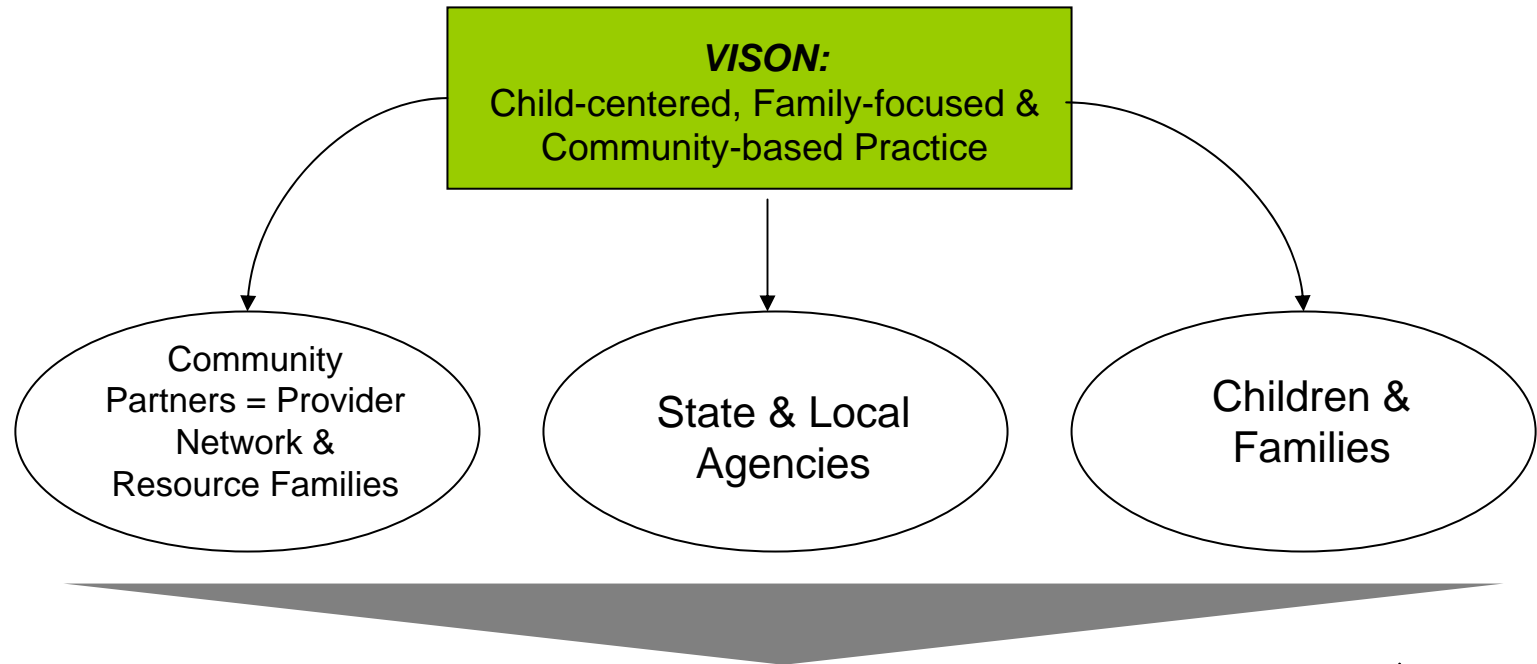
Summary of Issue Areas			
<i>Out-of-home Care</i>	<i>DSS Central Office Role</i>	<i>CSA (Local/State)</i>	<i>Richmond DSS</i>
<ul style="list-style-type: none"> • Residential care • Foster care • Availability of community-based services • Placement decision-making • Permanence for teens 	<ul style="list-style-type: none"> • Quality assurance • Support and guidance provided to localities • Data tracking/ database compatibility 	<ul style="list-style-type: none"> • CSA guidelines and policies • CPMT/FAPT • CSA financing structure/ incentives 	<ul style="list-style-type: none"> • Key elements of practice • Child Welfare operations • Key challenges in agency
Findings			
<ul style="list-style-type: none"> • There has been significant growth over recent years in the use and expenditures of congregate care • Current practice in many localities doesn't focus on permanence for children, Virginia still uses permanent foster care as an option • Programmatic training for DSS staff & supervisors and CSA staff & FAPT /CPMT is inconsistent and limited • Resource family recruitment and support is limited • Foster care board rates are inadequate to attract or keep foster parents, resulting in overuse of therapeutic foster care 		<ul style="list-style-type: none"> • There is minimal use of kin as a formal placement option • Limited support services provided to resource families with CSA funds • Few staff in DFS and OCS offices to disseminate policies/best practices and provide support to localities • At DFS, a large percentage of staff are temporary positions with high turnover • There is limited data analysis capacity at the state level • There is no integration of data between CSA data set and partner agency system 	

Recommendations

Based on our findings, the following steps are essential to improving outcomes for children and families in Virginia:

1. Adopt a statewide **philosophy that supports family-focused, child-centered, community-based care with a focus on permanence for all children.**
2. Establish a state-level practice model focused on **family-focused care and permanence** that is **reinforced by a uniform training program for resource families as well as local staff in DSS and CSA** (integrated with DMHRSAS practice model).
3. Create and implement a **statewide strategy to increase availability and utilization of relative care and non-relative foster and adoptive placements** to ensure that children can be placed in the most family-like setting that meets their needs.
4. **Enhance State DSS and CSA capacity to develop and disseminate policies and best practices, and provide technical assistance to localities** in support of the newly-established practice model.
5. Build on current State efforts to create a **robust performance monitoring/quality assurance system to identify and measure outcomes, monitor quality of practice, and improve accountability.**
6. **Strengthen financial incentives to reduce reliance on congregate care** and serve children in the least restrictive settings possible or in their homes.

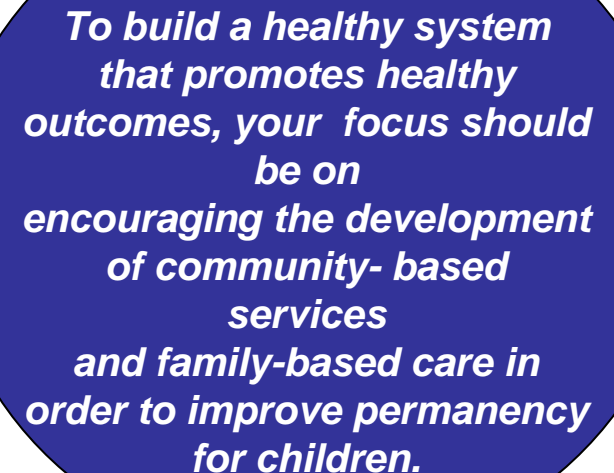
Permanency for children is achieved through strategic systems reform that includes multiple partners with a uniform vision and goals



Family centered care and permanence requires a shift in focus

According to outcome research:

- There is no evidence that congregate care achieves better outcomes for children, and the cost is 6 to 10 times higher than community-based services or foster care
- According to Dr. Richard Barth, “Children in group care almost certainly have fewer interpersonal experiences that support their well-being, including the chance to develop close relationships with a significant individual who will make a lasting, legal commitment to them.”
- Absence of physical contact, limited one-on-one relationships and few extended interactions due to institutional shift care inhibit educational and emotional development, and the formation of relationships
- There is no evidence that residential care offers greater stability. On average a child has 10 caregivers per day due to staff shift changes, in addition to high rates of staff turnover
- A Chapin Hall study conducted in Illinois between 1993 and 2003 revealed that the next destination for 59% of youth (10 & older) following residential care was a psychiatric hospital, detention, running away, or another residential placement



***To build a healthy system
that promotes healthy
outcomes, your focus should
be on
encouraging the development
of community- based
services
and family-based care in
order to improve permanency
for children.***

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Reform Strategy: Structure and Process

Scope of Work

- Develop strategies to address the critical issue areas highlighted by both the data analysis completed by Child Trends and the recommendations of Casey

Approach

- Build and support a steering committee made up of 12 local agency partners, local CSB and CSA representatives, representatives of the foster care community and State DSS and CSA partners
- Additional subcommittees will focus on a key improvement area to develop strategies and implementations plans specifically for the twelve localities
- Additional mechanisms will be built in both the structure and the process to gain feedback and address other specific challenges of rural localities throughout the State

Criterion

- Localities selected to begin Phase 1 of the reform were systems that would have the greatest impact on the number of children and families currently being served in the child welfare system

Next Step

- Kick-off meeting for the Steering Committee (CORE/ Council on Reform) is scheduled for December 11, 2007